

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th St., 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

RECEIVED
FAX
JAN 21 2008

COMMITTEE NAME (Must be same as on Statement of Organization)

GOODMAN FOR COUNCIL

IMPORTANT: Indicate by # type of committee you are reporting for: 6

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

MATTHEW GOODMAN

Political Party (if applicable)

NA

Office Sought

AMES CITY COUNCIL MEMBER, AT-LARGE

District (if Senate or House)

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____

Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Sheryl J. Mountain
SIGNATURE OF PERSON FILING REPORT

515-292-3865
TELEPHONE

1/17/2008
DATE SIGNED

I AM FILING A JANUARY 22, 2008

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
November 6, 2007

County & Local Committees, enter County in
which Election is held
Story

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 1,129.19

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

325.00

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 1,454.19

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,454.19

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

0.00

**UNPAID BILLS (From Schedule D - Attach Schedule D)

0.00

*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

36.48

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE**A**

(Rev. 07/03)

**MONETARY
RECEIPTS**☐ CHECK THIS BOX IF
AMENDING FORM**COMMITTEE NAME (Must be same as on Statement of Organization)**

GOODMAN FOR COUNCIL

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YY) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | ✓ IF FOR FUND- RAISER INCOME |
|---------------------------------------|---|---|--|--------------------|---------------------------------------|
| 11/6/07 | ID# CK# | Bernard C. Gerstein, 1003 Jarrett Circle, Ames, IA 50014 | | \$100.00 | <input type="checkbox"/> |
| 11/6/07 | ID# CK# | Jon Banwart, 463 Westwood Dr., Ames, IA 50014 | | 100.00 | <input type="checkbox"/> |
| 12/9/07 | ID# CK# | Dennis E. Gano, 1004 Idaho Ave., Ames, IA 50014 | | 100.00 | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | unitemized contribution | | 25.00 | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| | ID# CK# | | | | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 325.00 | |
| TOTAL (if last page of this schedule) | | | | \$ 325.00 | |

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

| | |
|---|--|
| SCHEDULE B (Rev. 07/03) | MONETARY EXPENDITURES |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

COMMITTEE NAME (Must be same as on Statement of Organization)

GOODMAN FOR COUNCIL

| DATE EXPENDED (MM/DD/YR) | CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE | PURPOSE (DESCRIBE TRANSACTION) | AMOUNT EXPENDED |
|---------------------------------------|---|--|--|--------------------|
| 11/23/2007 | ID# CK# | Matthew Goodman, 2019 Friley Road, Ames, IA 50014 | Reimb. for Jet Print (brochures), HyVee & Cyclone Liquors (food & beverages), and Sigler (postage) | \$ 1329.19 |
| 12/28/07 | ID# CK# | Matthew Goodman, 2019 Friley Road, Ames, IA 50014 | Reimbursement for Sigler invoice (postage and mailing) and Ames Post Office invoice (postage). | 125.00 |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| | ID# CK# | | | |
| SUB-TOTAL | | | | \$ 1454.19 |
| TOTAL (if last page of this schedule) | | | | \$ 1454.19 |

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(j).)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
 GOODMAN FOR COUNCIL

Reset Form

| | |
|---|----------------------------------|
| SCHEDULE E (Rev. 06/97) | IN-KIND CONTRIBUTIONS |
| <input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM | |

| DATE RECEIVED (MM/DD/YY) | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE * (if applicable) | DESCRIPTION OF IN KIND CONTRIBUTION | ESTIMATED FAIR MARKET VALUE | ✓ IF FOR FUND-RAISER CONTRIBUTION |
|---|--|---|---|-----------------------------------|---|
| 11/9/07 | Matthew Goodman, 2019 Friley Road, Ames, IA 50014 | self | part of Sigler invoice (postage) | \$ 36.48 | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
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| | | | | | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> |
| SUB-TOTAL | | | | \$ 36.48 | |
| TOTAL (if last page of this schedule) | | | | \$ 36.48 | |

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)